

United States District Court

NORTHERN DISTRICT OF CALIFORNIA

ARMANDO VINCENT MUNOZ

SUMMONS IN A CIVIL CASE

CASE NUMBER: CV 07-03846 JF

V.

JAMES TILTON, ET AL

TO:

DEPUTY DIRECTOR SUZAN HUBBARD
CA DEPARTMENT OF CORRECTIONS
AND REHABILITATION

P.O. BOX 942883; 1515"S" STREET

SACRAMENTO, CA 94283

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY

ARMANDO V. MUNOZ *K30296*
CORRECTIONAL TRAINING FACILITY
P.O. BOX 705
SOLEDAD, CA 93960-0705

an answer to the complaint which is herewith served upon you, within **20** days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgement by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

Richard W. Wierking
CLERK


March 7, 2008
DATE

Gordana Macic
Gordana Macic
(BY) DEPUTY CLERK

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF ARMANDO VINCENT MUÑOZ	COURT CASE NUMBER C-03846 JF
DEFENDANT JAMES TILTON, ET AL	TYPE OF PROCESS SEE BELOW
SERVE  AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SUZAN HUBBARD, DEPUTY DIRECTOR ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) CA DEPARTMENT OF CORRECTIONS AND REHABILITATION P.O. BOX 942883; 1515 "S" STREET SACRAMENTO, CA 94283

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

ARMANDO V. MUÑOZ K30296
CORRECTIONAL TRAINING FACILITY
P.O. BOX 705
SOLEDAD, CA 93960-0705

Number of process to be served with this Form - 285

2

Number of parties to be served in this case

3

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

1. SUMMONS AND COMPLAINT
2. ORDER OF SERVICE

Signature of Attorney or other Originator requesting service on behalf of:

GORDANA MACIC

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

408-535-5382

DATE

3/10/2008

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service _____ Time _____ am
pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS: